Prince Albert Parkland Regional Health Authority Report to the Minister of Health and Minister of Healthy Living Services 2005-06

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

People, Families and Communities
Working Together Towards
Improved Health in
Prince Albert Parkland Health Region

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

May 31, 2006

To the Honourable Len Taylor, (Q.C.)
Minister of Health

and

To the Honourable Graham Addley,
Minister of Healthy Living Services

Dear Ministers Taylor and Addley,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report to the minister. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the installation of a new CT Scanner at Victoria Hospital and the development of key programs associated with addiction services and the Premier's Project Hope.

Respectfully submitted,

Ray Ewanchuk
Chairperson

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The Region's Payee Disclosure List can be found online at:
http://www.health.gov.sk.ca/ph_rha_reporting.html

Copies of the Payee Disclosure List can also be obtained by contacting Doug Dahl, Communications Coordinator, at (306) 765-6102. A charge is applied for any copying and mailing costs.

The Prince Albert Parkland Regional Health Authority's 2005-06 Annual Report to the Minister of Health and the Minister of Healthy Living Services can be found online at:
http://www.paphr.sk.ca/Publications_pg.asp
or on the Saskatchewan Health website at:
http://www.health.gov.sk.ca/

On an average day, Prince Albert Parkland Health Region's employees come in contact with more than 1,500 patients, residents and clients—more than 545,000 each year.

Those people are in contact with us in long-term care facilities, in hospitals, while seeing counselors, during visits by home care or as they interact with public health nurses. There are visits with public health inspectors, information presentations by health promotion officers, therapy sessions, and a multitude of diagnostic tests performed.

Vision:
Healthy Living in Healthy Communities

Cecile Hunt
Chief Executive Officer

Dr. Louis Poulin
Senior Medical Officer

About 2,000 employees are responsible for delivering care to those people and following through on the Prince Albert Parkland Regional Health Authority's Mission. Our Mission and Vision builds on the Saskatchewan Health's vision of "Building a province of healthy people and healthy communities."

The Prince Albert Parkland Regional Health Authority is responsible for establishing and implementing policies for the delivery of health-care services in Saskatchewan's third-most populous health region. In addition to our programs and services for the nearly 78,000 people who live in the Region, Prince Albert Parkland's Regional Health Centre site in Prince Albert is the major referral centre for a variety of medical specialty needs from northern and north-east Saskatchewan.

Mission:
People, Families and Communities Working Together Towards Improved Health in Prince Albert Parkland Health Region

Through Victoria Hospital, Prince Albert Parkland Health Region provides the broadest scope of specialty services offered outside of the tertiary centres in Saskatoon and Regina. Those services include pediatrics, orthopedics, internal medicine, general surgery, ophthalmology, obstetrics and gynecology, dental surgery, urology, pathology, radiology, inpatient mental health and otolaryngology (ear, nose and throat).

In addition, the Region provides specialist services in podiatry and dermatology.

All of those services, and everything else the Health Region operates, is dependent on the people who deliver the health-care services.

The Regional Health Authority guides those people through its Mission, Vision and Values. The Authority's Ends policies focus on delivery of quality health care and a satisfactory work environment for its staff.

The Regional Health Authority Values:

- And respect the dignity, rights and cultures of all.
- Being fiscally accountable and responsible.
- Providing a quality health system that is effective and responsive.
- Community involvement in the delivery of quality health care.
- Being environmentally responsible.
- Ensuring a quality workplace where our employees and volunteers feel supported, encouraged, and appreciated personally and professionally.

These Values guide the development of the RHA's Ends Policies and its relationship with the Chief Executive Officer. The Health Region's administrative structure reflects the responsibility for program delivery and support services.

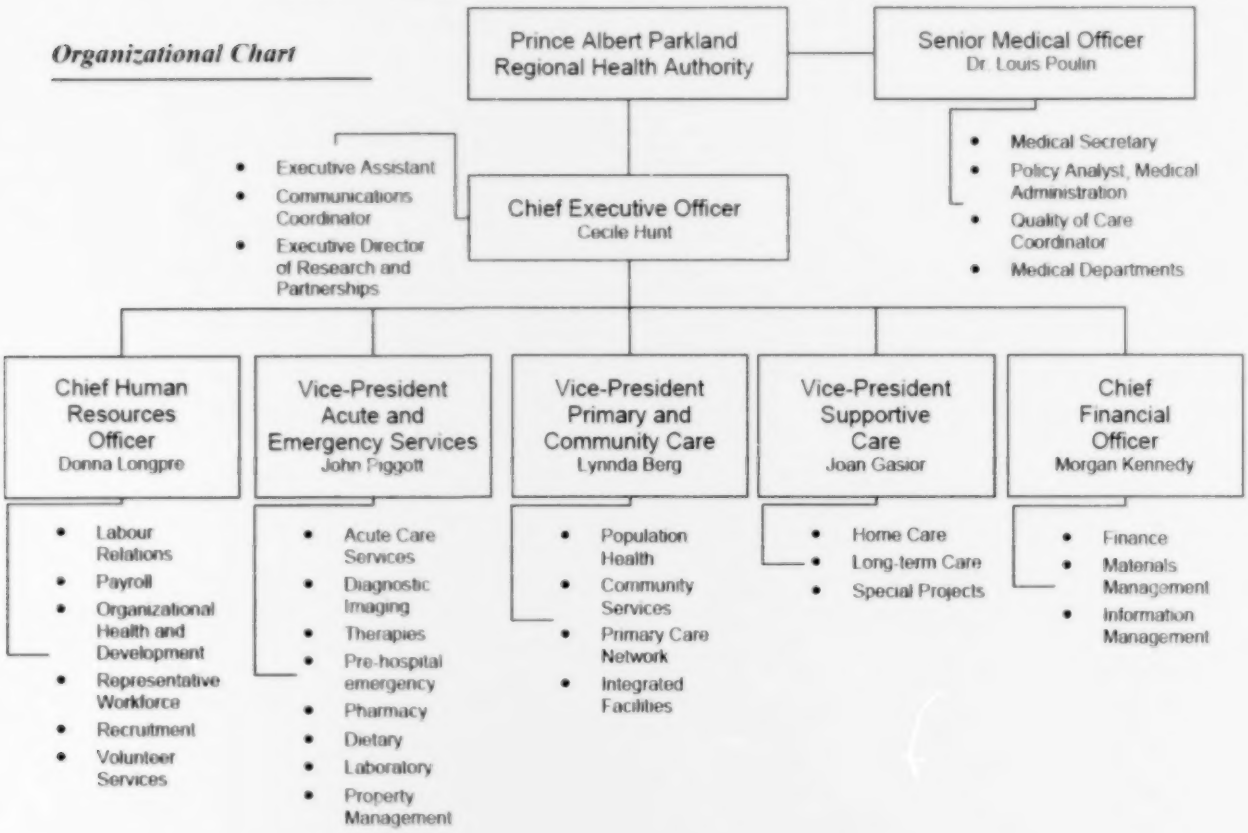
There are three vice-presidents,:Acute and Emergency Services, Supportive Care and Primary and Community Care, each of whom are responsible for program delivery in their portfolio. The Chief Human Resources Officer and Chief Financial Officer have responsibilities for support services. Details of responsibilities are listed in the organizational chart on Page 6.

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The largest single partner is Mont St. Joseph, an affiliated special care home in the City of Prince Albert.

Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Region has reporting mechanisms from some of its partners and is working to further strengthen accountability reporting from Health Care Organizations that re-

Organizational Chart



ceive funding. The goal is to ensure the organizations and the Region are delivering necessary services to the people who need it in the most cost-effective method. A list on Page 8 outlines the Health Region's relationships and the programs delivered by those organizations.

The senior management team provides leadership for the Region's employees. Human Resources is the Region's most significant future challenge—recruiting and retaining qualified staff at all levels will be a major challenge to sustainability. The situation is common across all health-care professionals, from physicians (including specialists and general practioners) to nurses, and from technologists to therapists. While the challenge of recruiting and retaining employees is evident throughout the Region, the greatest urgency is in smaller, rural communities, where the loss of one individual can mean a significant disruption or complete loss of service.

That was experienced this past year in Big River, where the Region was forced to suspend emergency and acute inpatient care at Big River Health Centre due to a lack of physician coverage for more than half of the fiscal year. The Region did not layoff staff at the facility during that time period, using much of the available acute care capacity for respite care. There was a reluctance to reduce staff at the facility because it may have proven difficult to reopen the facility if staff had left the community or found employment elsewhere.

Human Resource issues are also part of the Region's other most significant risk—financial stability. For the fourth consecutive year, Prince Albert Parkland will record an operating deficit. The 2005-06 deficit is more than $1.5 million—almost double the deficit of 2004-05, and is the largest deficit since the Region was formed in 2002. The overall deficit is about 1.2 per cent of the Region's total expenditures; however, the inability to balance operations has put the Region at a disadvantage. Prince Albert

Lynnda Berg
Vice-President of Primary and Community Care

Joan Gasior
Vice-President of Supportive Care

Morgan Kennedy
Chief Financial Officer

Donna Longpre
Chief Human Resources Officer

John Piggott
Vice-President of Acute and Emergency Services

Parkland is accessing its line-of-credit more frequently. The Region must develop strategies to improve financial stability in order to ensure it can continue to delivery the needed services and programs.

The Region's operations have been impacted by deficit spending in both acute care and long-term care. The long-term care deficit is spread throughout the Region's facilities—with no one facility responsible for an extraordinary part of the over-spending.

In acute care, the Victoria Hospital has the bulk of the deficit, which is almost entirely in staffing costs. Relief costs due to sick and injured staff are well-above budget. Increased patient numbers and patient care requirements have also led to an increase in worked hours. There have been significant pressures in a number of departments at Victoria Hospital, with obstetrics leading the way. There has also been a significant increase in the number of patient days at Victoria Hospital—the surgical floor alone had an increase of more than 30 per cent.

While service volumes are part of the challenge, the Region must also address its internal controls on spending to be as efficient as possible. That includes continued efforts to reduce sick time, overtime and Workers' Compensation Board claims and costs.

The Region has also developed new policies for laundry and uniforms in an effort to reduce costs, and will examine other initiatives to find savings that allow the Region to focus on the delivery of quality health care for the more than 1,500 patients, residents and clients our employees interact with every day.

Health Care Organizations and Third-Party Relationships

- **Prince Albert Community Alcohol and Drug Addiction Centre:** outpatient alcohol and drug services for residents, a full range of adult addictions services including counseling, Driving Without Impairment program, and support groups. Separate funding is received for the Safe Driving program, which is funded in partnership with SGI.
- **Self Help and Recreation Education (SHARE):** vocational and pre-vocational opportunities for persons with mental illness in Prince Albert; a group home for clients discharged from Mental Health inpatient Villas at the Victoria Hospital.
- **Canadian Mental Health Association:** assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA has clients in low-skilled jobs and pre-vocational training. This is done through obtaining employment at As Good As New (a used clothing store in Prince Albert), obtaining skills through the quilting projects and shopping skills project, and other life skills.
- **Family Futures:** provides parent support for the geographic area of the former Prince Albert Health District. Workers provide counseling, referral and emotional support to high risk parents with preschool children.
- **Prince Albert Co-operative Health Centre:** the Methadone Program for IV drug users; physician services at the Birch Hills Health Centre – one of the Region's Primary Care site; the Dental Project is a school-based dental treatment program to several schools within the City of Prince Albert.
- **Prince Albert Grand Council:** the Kookum Project which links an Aboriginal Elder with an IV drug user on the Methadone program.
- **Mobile Crisis Cooperative:** provides 24-hour service to clients in crisis, with services including a crisis phone line, mobile workers who attend to the clients and a sexual assault program.
- **Mont St. Joseph Home:** is a 120-bed affiliate Long-Term Care facility. Prince Albert Parkland provides funding, received from Saskatchewan Health, to cover some of the operational costs.
- Ambulance services are contracted with Parkland Ambulance Care (Prince Albert), Blaine Lake Ambulance Care, Spiritwood Ambulance Care and Big River Ambulance Care. There are also agreements with WPD Battleford and Melfort Ambulance Care to provide service to parts of Prince Albert Parkland that are closer to those communities.

Prince Albert Parkland Health is the third-most populous region in Saskatchewan, with a population of 77,857 (Saskatchewan Health, Covered Population, June 2005). The population increased by 0.6 per cent from 2004—one of the six Regional Health Authorities that saw an increase during that time period.

The demographics of the Region present challenges for service delivery, while the health status and indicators demonstrate a number of very specific health-care issues.

Chart 1: Male population by age groupings

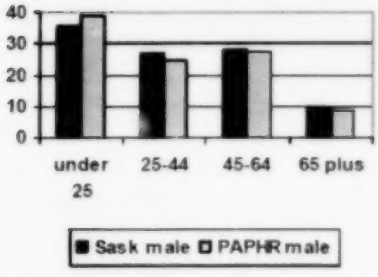


Chart 2: Female population by age groupings

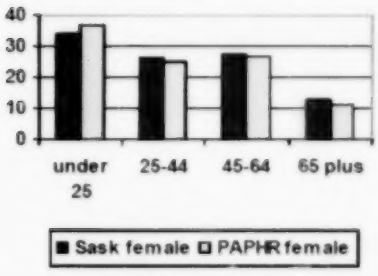
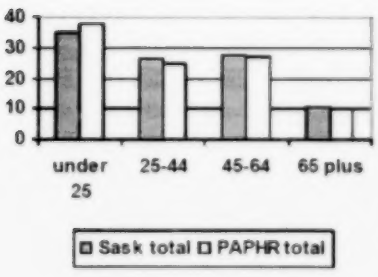


Chart 3: Total population by age groupings



Prince Albert Parkland's population is almost evenly divided between the City of Prince Albert (52.8 per cent) and the rest of the Region (47.2 per cent). However, more than 70 per cent of the Region's population is within 30 minutes driving time of the City of Prince Albert. There are eight other communities with a population of more than 1,000, and four of those communities are First Nation's communities.

The population in PAPHR is relatively young (see Chart 1, Chart 2, Chart 3). The younger population of this Region, as well as the services for northern Saskatchewan (in particular Mamawetan Churchill River) is demonstrated on in the demand for both pediatrics and maternity.

The indicators demonstrate a somewhat conflicted picture of the health of residents in the Health Region. There are challenges, not unique to Prince Albert Parkland, in dealing with the issues affecting the health of the Region's residents—including the causes of health-care problems.

PAPHR has a comparatively high percentage of Aboriginal Peoples (First Nation, Métis and Inuit) at 31.4 per cent compared to the Provincial rate of 13.6 per cent and the National rate of 3.4 per cent. Except for the North, PAPHR has the highest percentage of Aboriginal population as a proportion of total population in Saskatchewan.

When examining the determinants of health—those aspects of life which impact on an individual's health– Prince Albert Parkland has some significant challenges.

The dependency ratio continues to be one of the highest in the Province, exceeding the National and Provincial rates. PAPHR has more dependents for every 100 people in the working age population placing greater demands on the Region socially and economically. As a consequence, greater demands are placed on the health system. The working age population's average personal income is low, as are their education levels for High School and Post Secondary education. More people require support and there are less monetary resources and potential to provide the support.

The overall unemployment rate is one of the highest in the Province at 7.9% and the youth unemployment rate is 17.0% compared to Saskatchewan at 10.8%. The percentage of lone parent families is 18.5% compared to 15.8% for the province 15.7% for Canada as a whole.

The Aboriginal population growth rate is approximately 3% per year. The First Nations population is younger than the rest of the population. The proportion of First Nation's population under 30 is 61.8% or 1.5 times higher than that of the Canadian population at 40.8%. Lone-parent families are more prevalent among Aboriginal people than in the Canadian population. Approximately 24% of Aboriginal population are lone-parent families.

The percentage of Registered Indian lone-parent families is 28%. In addition, lower labour force participation, lower education levels, and lower family income are experienced by the Aboriginal population in the PAPHR than on average in Saskatchewan and in Canada.

Health status indicators, along with information about lifestyle choices made by the residents of Prince Albert Parkland show

there is a considerable diversity within the population.

The average life expectancy rate is good when compared to not only Saskatchewan, but also the rest of Canada. Life expectancy at birth in Prince Albert Parkland is 78.6, compared to 78.5 for both Saskatchewan and Canada. The difference is larger at age 65, with PAPHR at 84.6, compared with 83.7 for Saskatchewan and 83.2 for Canada.

However, life expectancy rates are not entirely positive when the disability-free life expectancy indicators are examined. In Prince Albert Parkland, there is a challenge presented by disability-free life expectancy at both birth and at age 65. At birth, disability-free life expectancy is 67.2 years for PAPHR, 68.3 years for Saskatchewan and 68.6 years for Canada. At age 65, it is 76.9 years for PAPHR, 77.0 years for Saskatchewan and 76.7 years for Canada. Combined with the overall life expectancy, this means residents of Prince Albert Parkland will on average require more years of care because of disability. This data demonstrates heavier than average requirements are placed on the health-care system for increased Home Care or Institutional Long-Term Care services.

	PAPHR	SASK
Occasional/Daily Smoker—males	25.8%	24.6%
Occasional/Daily Smoker—females	23.0%	23.1%
5 or more alcoholic beverages at least once during year	58.6%	50.8%
Eat 5-10 servings of fruits or vegetables each day	30.2%	33.8%
Overweight or obese	54.1%	55.0%

While the exact cause of the greater disability issues within the Health Region are difficult to determine, there are a number of issues relating to the health of the population that might play a role.

Self-rated health is one indicator that is fairly reliable when looking at the overall health of the population. In Prince Albert Parkland, 57.7 per cent of the population rates their health at excellent or very good. That compared to 59.5 per cent for Saskatchewan. The percentage of people who rate their health as fair or poor is 12.5 per cent, higher than both Saskatchewan (12.1 per cent) and Canada (11.3 per cent).

Healthy lifestyle choices are important to maintaining and improving the population's overall health. Prince Albert Parkland is trails both Saskatchewan and Canada when compared to a number of lifestyle indicators—including smoking rate, diet (eating fruits and vegetables) and alcohol consumption.

In Prince Albert Parkland, 25.8 per cent of males identifies themselves as daily or occasional smokers, compared to 24.6 for Saskatchewan. For females the rate for PAPHR is 23.0 compared to Saskatchewan's 23.1. When it comes to alcohol consumption, 21.7 per cent say they have consumed at least five alcoholic beverages in one sitting on more than 12 occasions each year, while another 36.9 per cent did the same fewer than 12 times. Another 37.8 per cent did not consume five or more alcoholic beverages. Those do not compare favourably relative to Saskatchewan (22.6 per cent at more than 12 times, 28.2 per cent at fewer than 12, and 47.0 never), or Canada (20.7, 24.2 and 51.8 respectively).

Residents of Prince Albert Parkland Health Region are also less likely to eat fruits and vegetables. In PAPHR, 30.2 per cent of the population eats five to 10 or more servings of fruits and vegetables each day. That compares to 33.8 per cent for Saskatchewan and 39.0 per cent for Canada.

Prince Albert Parkland (50.5 per cent) is comparable to Saskatchewan (49.6) and Canada (50.2) for physical activity—being active or moderately active.

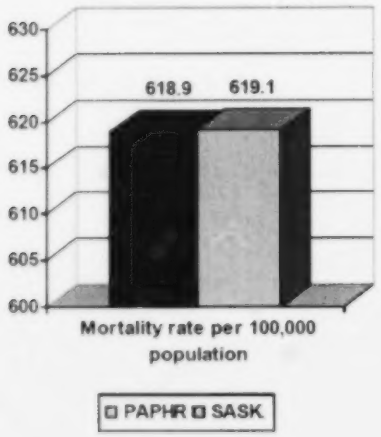
Residents of Prince Albert Parkland (55.8 per cent) area are approximately as likely to be overweight or obese, according to Body Mass Index ratings, than Saskatchewan (55.0) and more than Canada (48.2).

In Prince Albert Parkland, there are also significant challenges with respect to rates of chronic illnesses. The health status indicators demonstrate a need to change behaviour, improve lifestyle choices and reduce risks.

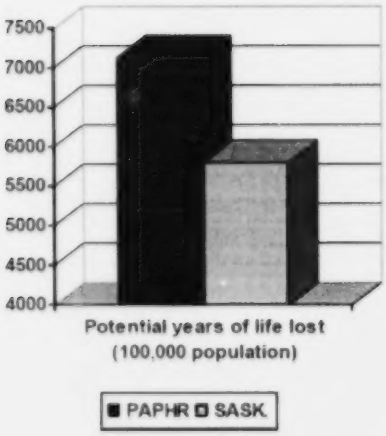
The incidence rate for diabetes is a disturbing statistic for Prince Albert Parkland. The incidence rate of 6.9 per cent (Statistics Canada, Health Indicators) for this Health Region is much higher than the rate for Saskatchewan (4.7 per cent) and

Canada (4.6 per cent). There is a need for more education about primary prevention and ensuring early detection to reduce the risks of future complications. Those complications can have a significant impact on the health of the individual and greatly affect the type of health-care services the Region will be required to deliver.

Other chronic conditions and the health-care requirements for those individuals will also affect the demands on the Region's programs and services. High-blood pressure is a problem for 14.9 per cent of the PAPHR population, which is slightly lower than for Saskatchewan (15.0) and higher than for Canada (14.4). The incidence of arthritis/rheumatism is higher for PAPHR (19.4 per cent) than both Saskatchewan (18.9) and Canada (16.8).



Chronic disease prevention and management play a role in the length of the population's disability-free life expectancy. Those conditions can lead an individual to require care earlier. This is one of the challenges for Prince Albert Parkland when planning service and program delivery.



Another challenge is revealed following an examination of the mortality rate and the potential years of life lost. The mortality rate (per 100,000 population) for Prince Albert Parkland is 618.9 (Statistics Canada, Health Indicators), compared to Saskatchewan (619.1) and Canada (605.2). The Potential Years of Life Lost is 7137.8 for Prince Albert Parkland, while it is 5811.9 for Saskatchewan and 5101.5 for Canada.

There is a relatively small difference in the overall mortality rate, while Prince Albert Parkland has a significantly higher potential years of life lost. Further investigation of both mortality and potential years of life lost present a picture of another population health challenge.

The suicide rate in Prince Albert Parkland is 15.0 per 100,000 population (Statistics Canada, Health Indicators). That is much higher than either Saskatchewan and Canada's rate of 11.3. In Prince Albert Parkland, suicide results in 561.2 potential years of life lost, compared to the rate for Saskatchewan (412.1) and Canada (393.5).

Unintentional injury deaths are also much more common in Prince Albert Parkland. Our rate of 52.0 per 100,000 population is significantly higher than Saskatchewan at 35.5 and more than double the rate for Canada (25.6) The result is 1625.3 potential years of life lost per 100,000 population for Prince Albert Parkland, compared to 1028.0 for Saskatchewan and 639.9 for Canada.

The rate for injury hospitalization in PAPHR for females is 8.6 per 1,000 population aged 0-19, while for males the rate is 12.9. That compares to Saskatchewan's rate of 7.1 for females and 11.1 for males. While the injury rate for 19-and-under is lower than Saskatchewan, Prince Albert Parkland has a higher injury rate for all ages, with 11.4 per cent of the population having sought treatment for injuries, compared to 8.8 per cent for Saskatchewan and 8.0 per cent for Canada (Statistics Canada, Health Indicators).

The indicators show that this Health Region has more people dying at a younger age, particularly from suicide and unintentional injuries. This is another challenge for programs and services, as well as prevention issues and lifestyle choices. And while the health-care system has a role to play, there are many other socio-economic factors which have an impact.

This Health Region also has a higher infant mortality rate at 6.1 per 1,000 lives births, compared to 5.9 for Saskatchewan and 5.3 for Canada (2000-2002, Statistics Canada). There are also concerns with low birth weight and high birth weight in Prince Albert Parkland. The low birth weight rate in Prince Albert Parkland is 4.76 per 1,000 live births and is lower than the Saskatche-

wan rate of 5.26. However, the high birth weight rate of 19.6 for Prince Albert Parkland is higher than Saskatchewan at 15.7. Maintaining current prenatal programs is essential, and may warrant expansion, to reduce the infant mortality rate and educate parents about the affects of both low and high birth weights on the newborn's health.

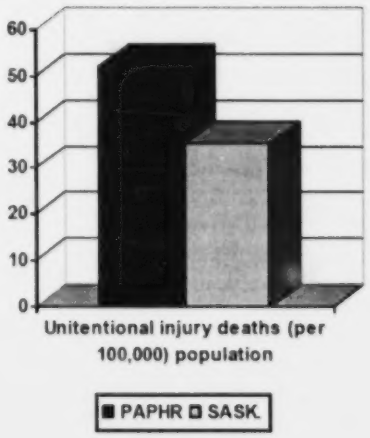
Health status indicators demonstrate the challenging epidemiology facing Prince Albert Parkland. There is a significant portion of the population that is quite healthy, with long life expectancy. Another segment struggles with chronic conditions and require health-care services for a longer portion of their lives, and there is another younger population that is high-risk for suicide, unintentional injuries and early death.

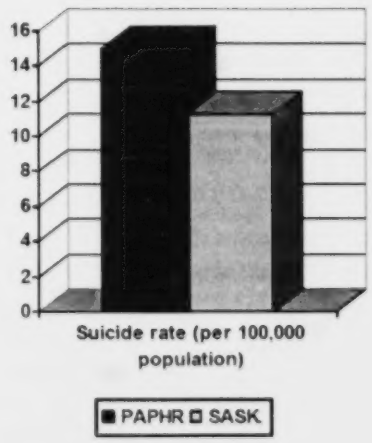
A significant challenge is to deal with the problem of drug and alcohol addictions. The Premier's Project Hope has put the spotlight on addictions, not only in dealing with those who have addiction problems but for prevention and education to reduce usage. Illegal drugs, as well as legal ones such as alcohol, are creating problems not only within the current population but for future populations. Pregnant mothers who are addicted to drugs or alcohol create major problems for their newborns—problems that absorb significant resources in an already busy obstetrics department at Victoria Hospital.

The Health Region is also monitoring the impact of the recent closure of one of the Region's largest employers. Weyerhaeuser closed the Prince Albert Pulp and Paper Mill in early 2006, putting about 700 people out of work at that facility. The closure has also resulted in layoffs at two sawmills (one near Prince Albert, the other at Big River), as well as at other forestry-related businesses. A long-term shutdown in the forest industry will present major economic challenges within the Region and may act to reduce the Region's total population.

The most pressing issue, however, is related to Health Care Human Resources. The Region is monitoring the impact of the forest industry closures on its staff at facilities throughout the Region. As of March 31, 2006, there had been few vacancies caused by spouses seeking work elsewhere after the Weyerhaeuser closure. There is an expectation that impact will be experienced during the first six months of the 2006-07 fiscal year. That may create additional retention and recruitment issues for the Region as economic factors influence employees and potential employees' decisions about where they will work.

The Region will continue to monitor the impact of the Weyerhaeuser closure both on its own staffing levels as well as on potential service and program needs.





This section outlines highlights of the Prince Albert Parkland Regional Health Authority's performance in 2005-06. More details about the Region's performance is included in the next section "2005-06 Performance Results."

The information is reported under the four goals of Saskatchewan Health.

Goal 1—Improved access to quality health services:

- $600,000 in annualized funding has been provided for the expansion of the hours of the dialysis unit at Victoria Hospital, increasing capacity by 50 per cent. It is an increase from 12 treatments each day for six days, to 18 treatments each day for six days.
- $1.1 million was spent to purchase a new 16-slice CT scanner and a new ultrasound machine. Both of these machines have improved diagnostic imaging through better images and more reliable operations.
- Funding was increased to expand from 3.5 to 4.0 the number of specialist positions for obstetrics and gynecology, to help deal with service pressures in that department at Victoria Hospital.
- One primary care team was approved for the Prince Albert Co-operative Health Centre, increasing the Region's coverage to more than 25 per cent of the population.

Goal 2—Effective health promotion and disease prevention:

- The Prince Albert Parkland Health Region launched a Type 2 Diabetes Awareness Campaign. The campaign resulted in a 30 per cent increase in calls to the Region's Diabetes Education Centre.

Goal 3—Retain, recruit and train health providers:

- Prince Albert Parkland Health Region was able to recruit four of the seven nurses who are the first graduated from the First Nations University of Canada campus in Prince Albert.
- The Region reduced sick leave time by 4.5 per cent.
-

Goal 4—A sustainable, efficient, accountable, quality health system:

- In November 2005 the region hosted a quality improvement clinic for all the Accreditation/Quality teams. This was a one-day session on quality improvement science basics presented by the Health Quality Council.
- Victoria Hospital's Intensive Care Unit,, participated in the Health Quality Council's ICU collaborative, which resulted in improvement in the protocol to assess risk for blood clots in ICU patients.
- The Region is participating in the Health Quality Council's Chronic Disease Management Collaborative, involving Region staff as well as physician clinics.

Financial Summary

- The Prince Albert Parkland Regional Health Authority did not meet financial expectations, recording an operating deficit of more than $1.5 million for 2005-06.

The purpose of this section is to outline the Prince Albert Parkland Regional Health Authority's performance objectives and provide a progress report for 2005-06. The information includes indicators required by Saskatchewan Health, and descriptions about the Region's performance as it relates to the provincial priorities of:

- Improved access to quality health services;
- Effective health promotion and disease prevention;
- Retain, recruit and train health providers; and
- A sustainable, efficient, accountable, quality health system.

This section will also include a narrative discussing the Region's financial results.

Goal 1: Improved access to quality health services

The Prince Albert Parkland Regional Health Authority has Ends policies related to Saskatchewan Health's goal of improved access to quality health services. Those Ends Policies include:

- Responsive, Coordinated Primary Health Care
- Meet or exceed standards for waiting times for surgical procedures.
- Improve Emergency Medical Care
- Maintain access to specialized hospital services.
- Maintain access to supportive care (long term care and home care).
- Enhance Mental Health and Addiction Services

There were both positive and negative factors which affected the Region's performance during 2005-06. A significant factor was the reduction in physician services in Big River, which limited acute-care capacity at the Big River Health Centre for much of the year. Two physicians left the community in July 2005, and were replaced by only one physician. The Region made the decision to suspend acute care services (inpatient and emergency) at the facility until adequate call coverage could be established.

The lone physician left the community in late 2005, leaving no physician coverage for several weeks. Two new physicians relocated to Big River by late February 2006 and full service was re-established at the hospital on March 1, 2006. This is an example of the challenges the Region faces in maintaining service capacity while trying to retain and recruit a variety of in-demand health-care professionals.

2005-06 Fiscal Year by Month	Number of births at Victoria Hospital
April	117
May	98
June	109
July	109
August	120
September	130
October	103
November	118
December	90
January	123
February	115
March	127
TOTAL	**1359**

Results - The Prince Albert Parkland Regional Health Authority did not meet its target for computed tomography scans in 2005-06. This was the result of two factors. There was the installation of a new machine which required the shutdown of operations for several weeks, and a prolonged shortage of radiologists. The Region achieved 90 per cent of the target, while providing service to 2,246 patients—a reduction from the 115 per cent of target and 2,604 patients in 2004/05.

Prince Albert Parkland continues to be the third-busiest Health Region for surgical procedures, with 4,849 procedures performed in 2005/06, a small increase from the 2004/05 total of 4,807. Prince Albert Parkland, through Victoria Hospital, has the highest percentage of surgeries performed as day procedures—66.6 percent, an increase from 61.7 per cent in 2004/05. Prince Albert Parkland did not meet the targets for two of the Priority Levels for Saskatchewan's Target Time Frames. The Region met the target for Level VI with 97.2 per cent completion, while falling short of the 80 per cent target for both Level II (67.4 per cent) and Level IV (73.6 per cent).

Goal 1 continued on Page 14

Goal 1: Improved access to quality health services

The Health Region is working with Saskatchewan Health to increase bed capacity at Victoria Hospital due to increased pressure for both medical and surgical cases, which should result in increase capacity for surgical cases. During 2005/06 the number of inpatient surgical cases at Victoria Hospital decreased by almost 200—often as a direct result of limited inpatient bed capacity.

One more Primary Care Team has been approved in Prince Albert Parkland in 2005/06, through partnerships with the Prince Albert Co-operative Health Centre. The Region now has 25.8 per cent of its population with geographic proximity to a primary health care team, an increase from the 2004/05 total of 7.9 per cent from the locations in Birch Hills and Hafford. Full staffing of the new site will occur in the summer of 2006.

Another significant achievement was the successful division of the Mental Health Inpatient facility into two distinct units—one for adults, and one for children and youth. This was a requirement of the Canadian Health Care Accreditation Council's 2004 survey and report. There were renovations and changes made to the facility to accommodate staff more appropriately. The separation was effective in September 2005.

Goal 2: Effective health promotion and disease prevention

The Prince Albert Parkland Regional Health Authority has Ends policies related to Saskatchewan Health's goal of effective health promotion and disease prevention. Those Ends Policies include:

- Promote Health and Disease Prevention
- Achieve Optimal Health Status of Residents
- Support the development of partnerships with high risk groups, school population, and Aboriginal population

The community nutrition program is an integral part of health promotion in the region. The program focuses on primary prevention through creating healthy public food and nutrition policy, addressing food security issues, working with media, developing teaching resources for schools and giving presentations to community groups and health professionals. A significant achievement was the partnership with school divisions and Department of Community Resources and Employment to place a nutritionist in the schools, re: Food For Thought Program.

The region is building healthy public policy through the School Based Health Promotion Team. This team of health professionals facilitates the coordination of health promotion services in the 57 schools within the region by:

- linking health and education by developing an effective communication strategy;
- building supportive healthy public policy;
- supporting relationships between sectors;
- becoming familiar with existing resources and coordinating programs; and
- building new programs to meet the ever-changing needs of students.

Health promotion or primary prevention occurs prior to a diagnosis of an illness and receipt of treatment. The School Based Health Promotion Team focuses on primary prevention by engaging schools three ways:

- Obtaining a school needs assessment for health promotion service (completed in 2004)

Goal 2 continued on page 15.

Goal 2: Effective health promotion and disease prevention

- Providing monthly theme information packages on a variety of health promotion topics such as; addictions, safety, nutrition, dental health, physical activity, and mental wellbeing. (yearly project)
- Developing a school and community health resource that lists the health promotion services provided by the Prince Albert Parkland Health Region and community agencies. This enables a school to access resources on a specific health curriculum topic. (ongoing resource)

Providing effective health promotion and disease prevention resources through the education system targets individuals that have the ability and knowledge to make healthier choices as they grow into adults.

Indicator	PAPHR	Sask.
Self-rated health as excellent or very good	55.6%	59.2%
Self-rated health as fair or poor	12.5%	12.1%
Low-birth weight rate per 1,000 live births	4.76	5.26
High-birth weight rate per 1,000 live births	19.6	15.7
Sought treatment for injuries	11.4%	8.8%

Results - Population Health issues are a high priority for the Prince Albert Parkland Regional Health Authority. It is recognized that this Health Region has a number of challenges related to health status of the population. High-risk lifestyle choices have resulted in an interesting mix within the Region's population. There is a significant percentage of the population that live long, healthy lives. There is also a substantial portion whose lifestyle choices are associated with higher than average deaths from suicide and unintentional injury. There is also a lower disability-free life expectancy, which can be attributed to chronic disease management—particularly related to diabetes. The Health Region has undertaken an awareness campaign regarding the manageability of Type 2 diabetes. It has resulted in a higher call volume at the Diabetes Education Centre (more than 30 per cent increase year to year). The Health Region is also examining methods to increase the awareness of and rates of childhood immunizations. The Region's rates for diphtheria (71.2 per cent) and measles (68.9 per cent) are well below the standards necessary to reduce the risks in the entire population.

An indicator is under development for the percentage of facilities in compliance with The Tobacco Control Act in the category that includes: billiard halls / bingo establishments / bowling centers / casinos / restaurants / taverns.

Goal 3: Retain, recruit and train health providers

The Prince Albert Parkland Regional Health Authority has Ends policies related to Saskatchewan Health's goal of retain, recruit and train health providers. Those Ends Policies include:

- Provide practicum and locum placements through partnerships with educational institutes.
- Advocate for an appropriate level of training spaces for health professionals.
- Ensure effective, efficient utilization of health human resources, implementing full scope of practice.
- Attract and retain a qualified representative workforce among all occupational levels of staff and among volunteers.
- Create Healthier Workplaces for Staff and Volunteers
- Reduce overtime, WCB and sick time by 10% fiscally for 2005/06.

Goal 3 continued on Page 16.

Goal 3: Retain, recruit and train health providers

The Recruitment and Retention of Human Resources remain the most significant risk factor for the Prince Albert Parkland Regional Health Authority. There is a very competitive market for health-care professionals, and without the necessary qualified staff members, programs are at-risk of reduced capacity.

PAPHR provides practicum placements for students enrolled in various health care programs within Saskatchewan. The region has signed Work Placements Agreements in place for all institutions from which practicum placements are accepted. The majority of the region's practicum placements come from SIAST and the University of Saskatchewan and most of these involve students in one of three nursing programs – NEPS (Nursing Education Program of Saskatchewan), LPN (Licensed Practical Nurse) and Continuing Care Aide.

The University of Saskatchewan Rural Family Medicine Program was established in 1997 to train Family Medicine Residents specifically interested in gaining the knowledge and experience necessary to practice medicine in rural and remote settings. The Rural Family Medicine Program of the University of Saskatchewan, which was initially based out of Saskatoon, was moved to Prince Albert in 2003 in an effort to provide more appropriate training opportunities for Rural Family Medicine Residents.

Sick time hours per FTE by affiliation	2004-05	2005-06
CUPE	102.29	93.70
HSAS	52.58	59.80
OOS/OTHER[2]	46.58	57.31
SUN	89.65	92.82

Results - The Prince Albert Parkland Regional Health Authority set very specific goals for areas of Human Resources, in particular sick leave hours, overtime and other premium hours and Workers Compensation Board claims. The Health Region met with mixed success in attempts to achieve the targets.

The number of sick leave hours per full time equivalent declined by 4.5 per cent for all affiliations. That reduction is entirely attributed to the 8.4 per cent reduction by the Provider Group (CUPE), which is the largest affiliation within the Region. All other affiliations, HSAS (13.7 per cent), Out-of-Scope (23.2 per cent) and SUN (3.5 per cent) had increases in sick leave hours per full-time equivalent. The Authority had set a 10 per cent reduction as a goal for the Region.

The Region did not reduce the number of wage-driven premium hours (overtime and other premiums), and in fact saw an increase from 28.63 hours per FTE in 2004/05 to 39.91 hours per FTE in 2005/06. The only affiliation with a decrease was HSAS, which dropped by 1.52 hours per FTE (6.59 to 5.07). All other affiliations had significant increases: CUPE—24.24 to 38.05; Out-of-Scope—6.45 to 10.15; and SUN 57.93 to 68.09.

Prince Albert Parkland had mixed results in WCB claims. The number of claims per 100 full-time equivalents was reduced from 11.38 in 2004/05 to 10.57 in 2005/06—a 7.1 per cent reduction. However, the number of lost days to WCB claims increased from 516.54 days per 100 FTEs in 2004/05 to 588.63 in 2005/06. The Region was cited for a number of contraventions by Saskatchewan Labour. The Region's Occupational Health and Safety Council, comprised of member of Occupational Health and Safety Committees at facilities throughout the Region, and the Organizational Health and Development department have been addressing the contraventions. A regional occupational health and safety plan is being implemented, including manuals regarding OH&S policies and procedures that are available in each facility and office location. The Region has also undertaken an extensive campaign to re-certify employees in required training, including WHMIS, PART and TLR among other health and safety courses.

Goal 4: A sustainable, efficient, accountable, quality health system.

The Prince Albert Parkland Regional Health Authority has Ends policies related to Saskatchewan Health's goal of a sustainable, efficient, accountable, quality health system. Those Ends Policies include:

- Ensuring Sustainable Quality, Effective Health Care
  - ⇒ Develop sustainable parameters to provide accessibility to appropriate services.
  - ⇒ Implement information technology to support health service delivery.
  - ⇒ Support innovation and research in health service delivery.
  - ⇒ Prince Albert Parkland Health Region is fiscally responsible.
- Incorporating results of Accreditation and Quality Improvement Programs

Through structures or parameters such as the incident reporting system and complaints resolution process, accessibility to appropriate services can be sustained because it is facilitating a culture of quality care, which inevitably translates into accessibility to services. The Incident Reporting system has been operating region-wide since June 2003. The Quality of Care Coordinator provides an education session on Risk Management, Quality Improvement, and Patient Safety at General Orientation ensuring that all new employees are educated on the incident reporting system. Saskatchewan Health's Root Cause Analysis Course was taught in Prince Albert on April 14, 2005. The Prince Albert Parkland Health Region has been successfully using Root Cause Analysis since 2002. However, there is a need for more education on our legislated responsibility and our Region's policy. Additionally, this course will work towards enhancing the culture of patient safety in our Region and the CCHSA's newly released Required Patient Safety Goals and Practices, which came into effect in January 2005.

Prince Albert Parkland Regional Health Authority	2003-04	2004-05
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern	64	102
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days	70%	65%

The Prince Albert Parkland Health Region has been involved in a number of regional and provincial information initiatives. These initiatives are steps in meeting the end result of ensuring sustainable quality, efficient health care by implementing information technology to support health service delivery. The most recent accomplishments in implementing information technology to support health service delivery follows the thrust of the Information Management Strategic Plan two fold. Firstly, Regionalization of the Information Technology Infrastructure. Secondly, broader access within the region to currently implemented information systems.

There are regional and provincial projects that are currently in the developmental stage. The implementation of a Surgical Care Information System (OR Scheduling) is a high priority for the Prince Albert Parkland Health Region. This would help manage OR time more effectively, which in turn allows the region to manage staff utilization (particularly nursing), bed management, waiting lists and budget. The province is in the process of acquiring a Surgical Care Information System to be used in all regions. The Prince Albert Parkland Health Region has made it known that it would like an early implementation of the system.

The Prince Albert Parkland Health Region's commitment to quality improvement is demonstrated by our progress in the development of a more comprehensive, region-wide approach to quality. Since the Accreditation survey in May and June of 2004 the region has implemented a regional Quality Improvement Council to set the quality vision and to foster a culture of quality for the region. This Council is also charged with the task of monitoring quality through the Quality Improvement Team structure. In November 2005 the region hosted a quality improvement clinic for all the teams. .

Goal 4 continued on Page 18.

Goal 4: A sustainable, efficient, accountable, quality health system.

This was a one-day session on quality improvement science basics put on by the Health Quality Council. It was a day of hands on learning and skill building on the Model for Improvement and PDSA cycles, process mapping and run charts.

Results - The Prince Albert Parkland Regional Health Authority has met the time-frame for notification of critical incident (3 days) in 100 per cent of cases. Information about the written report timeframe (6 months) is not available for 2005/06.
The Region has undertaken activities throughout the year to address public confidence. Some of those activities include purchase of a new CT scanner, opening of an interim youth addictions inpatient facility, and recruitment of general practioners and specialists. Public confidence is addressed most effectively by achieving program goals and results.

Financial Summary

The Prince Albert Parkland Regional Health Authority has faced significant financial challenges since it was formed in 2002. The Region has operated in a deficit each year—recording a deficit of more than $1.5 million in 2005-06.
The Authority board and the senior management recognize that unless the Region is able to stabilize its finances, it has severely limited its flexibility for any program or service enhancement—and that includes addressing capital facility needs in a number of communities.
Results - Prince Albert Parkland faces significant working capital challenges. As of March 31, 2006, the number of days the Region is able to operate with working capital is a negative 28.14. That continues to grow, and the Region has had to utilize its line of credit more frequently during the 2005-06 fiscal year than ever before. The frequency has been detailed in financial reports to the Authority board each month.
In 2005-06, Prince Albert Parkland recorded a deficit of $1,507,000, or 1.2 per cent of the Region's total operating expenditures. This is an increase from $631,459 and 0.6 per cent of expenditures in 2004-05. It marked the fourth consecutive year that the Region has recorded an operating deficit. The Region recorded deficits in several program areas, including acute care and long-term care. A lack of relief staff in many locations has resulted in increased overtime costs.
Prince Albert Parkland has kept Program Support funding costs in line with provincial guidelines of 5 per cent of total expenditures. In 2005-06, the Region's Program Support funding pool was 4.6 per cent of expenses.

The Prince Albert Parkland Regional Health Authority continues to focus on delivering quality health-care services and programs.

A change in leadership at the Chief Executive Officer position has brought a different perspective about how the Region can best fulfill its Vision of Healthy Living in Healthy Communities.

A major initiative in the coming year will be the expansion of acute care bed capacity at Victoria Hospital, and the accompanying relocation of a number of programs to facilitate both the re-opening of Level 6 for patient care and co-location of related programs.

There are a number of challenges associated with adding acute care bed capacity, with recruitment of the necessary staff at the top of the list.

In addition to the capital renovation and reorganization plan, the management of Victoria Hospital and the Region's Human Resource department will need to be aggressive in order to fully and appropriately staff the additional bed capacity.

The Regional Health Authority is also emphasizing the need for diligence on the financial front. The RHA cannot continue to record operating deficits if it is to maintain and improve health-care delivery for the people of this Region.

The Region is examining all aspects of operations, looking at what can be reduced in the support services.

In the 2005-06 fiscal year, the Region worked with Saskatchewan Health on a number of fronts to enhance patient care:

- $600,000 in annualized funding for the expansion of the hours for the dialysis unit at Victoria Hospital, increasing capacity by 50 per cent by adding evening treatments.
- $500,000 in funding to begin the renovations that will allow for the expansion of acute care bed capacity at Victoria Hospital.
- $400,000 to cover increased costs associated with service demands on the surgical/medical floor and in obstetrics.
- $1.1 million to purchase a new 16-slice CT scanner and a new ultrasound machine. Both of these machines will improve diagnostic imaging through better images and more reliable operations.
- Funding for four full-time specialist positions for obstetrics and gynecology, an increase of funding from 3.5 positions to help deal with service pressures in that department at Victoria Hospital.
- Expansion of addictions services, including the opening of a 6-bed interim youth treatment facility as part of the Premier's Project Hope. The funding also adds capacity for the Region's methadone program and health promotion to work with community partners on reducing the impact of addictions on the community.

All of these developments provide a solid base on which to build in 2006-07. There is a continued focus on addictions, expansion of primary care through the Prince Albert Co-operative Health Centre, and continued enhancement of the Region's information technology.

The Regional Health Authority has also identified three capital facility priorities to Saskatchewan Health—Victoria Hospital and Pineview Terrace regeneration in Prince Albert; Shellbrook Hospital and Parkland Terrace in Shellbrook; and Jubilee Lodge in Kinistino.

While Prince Albert Parkland continues to face financial challenges, those challenges are often a result of human resource issues—sick time, overtime and injury-related absences. The recruitment and retention of qualified health-care professionals is necessary in order to preserve the programs and services the Region provides to its residents and the people seeking service here.

Physicians, nurses, technologists and therapists are much sought after not only in Saskatchewan but throughout the country. Prince Albert Parkland is competing with employers across Canada to fill staff positions and maintain current capacity levels.

While the loss physician and hospital services in Big River have been a prime example of what can happen if human resources are not available, a similar situation could result from a shortage of any other health-care professionals.

The Prince Albert Parkland Regional Health Authority members are: back row, from left, Angelique Haysom, Cecile O'Neil, Lorraine Saam, Patricia Leson, Brenda Green and Irene Attrux; front row, from left, Jack Boechler, Philip Morin, Raymond Ewanchuk (chairperson), Howard Gange (vice-chairperson) and Lionel Ferguson.

Governance and Transparency

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of care to residents of the third most populous Region in Saskatchewan. The Region also serves as a major referral centre for much of Northern Saskatchewan, in addition to other Regions for some specialized medical services.

The Authority is composed of up to 12 members appointed by the Minister of Health, and receives jurisdiction through the Regional Health Services Act, which was proclaimed on August 1, 2002.

Prince Albert Parkland RHA is a policy governance board, and has its specific role defined by the "Roles and Expectations of the Minister of Health and Saskatchewan's Regional Authorities."

Health Regions have the responsibility for delivering the following services:

- Hospitals;
- Health centres, wellness centres, and social centres;
- Emergency response services, including first responders, ambulance;
- Supportive Care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;
- Home care;
- Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- Mental health services; and
- Rehabilitation services.

Administration and staff ensure the day-to-day delivery of those services and programs, while the Authority has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

For these six areas the Prince Albert Parkland Regional Health Authority is guided in its decision-making process by its own Mission, Vision and Values, along with those outlined in "The Action Plan for Saskatchewan Health Care."

The Authority has developed a committee structure to further those goals. Standing committees include the Committee of the Whole, Executive Committee, Joint Conference Committee, Rural/Urban Community Advisory Network, First Nations Community Advisory Network and Policy Committee.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region. They provide feedback to board about initiatives and provide an opportunity to raise issues affecting healthcare services.

The Authority holds meetings on the final Wednesday of each month (December scheduled earlier) alternating between Prince Albert and other communities in the Region. The meetings are open to the public, and agenda materials are available on a subscription basis the day of the meetings.

The meeting materials includes detailed monitoring of the Authority's Ends policies, outlining how the Region is performing in terms of its goals. There are also presentations at most meetings by members of the Region's Quality/Accreditation Teams.

The Quality Teams include a broad cross-section of Health Region employees, and often include at least one representative of the public. The initial reports to the Authority discuss the recommendations from the accreditation process, the challenges the teams have identified and the current action plans to address the issues before the next Accreditation visit in June 2007.

In addition to the public Authority meetings, the board strives to be open and accountable for its decisions. Following each regular meeting information regarding decisions and agenda items is included in a highlights package sent to media covering the region, as well as municipal (urban and rural) offices and First Nations.

The Region has a quarterly newsletter (Prince Albert Parkland News), to provide information directly to the public about the Health Region's activities and announcements.

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. That information can be found in Appendix A

Prince Albert Parkland Health Region's 2005-6 Payee Disclosure List can be accessed at <http://www.health.gov.sk.ca/ph_rha_reporting.html>.

Copies of the Payee Disclosure List may also be obtained by contacting Prince Albert Parkland Health Region at (306) 765-6100.

As well as working with the people of the Region, the Authority and senior executives are emphasizing a stronger relationship with staff in the Region. Members of the Authority conduct direct reviews regarding treatment of staff and volunteers.

The following tables include information about a number of indicators that Saskatchewan Health requires RHAs to report. Discussion about many of these indicators, especially the regional performance data, is included in earlier sections of this annual report. Only data tables applicable to Prince Albert Parkland RHA are included (ex: no data on MRI scans).

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2006*		May 2004, Next May 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*		102	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*		65%	83%	58%-96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*		100%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[1]		*data currently not available*	*data currently not available*	*data currently not available*	100% compliance
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	93.70	90.60	79.59 – 116.42	90.60
	HSAS	59.80	64.00	45.01 – 123.48	64.00
	OOS/OTHER[2]	57.31	48.09	30.44 – 61.87	48.09
	SUN	92.82	91.94	53.66 – 98.79	91.94
	RWDSU[3]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	88.83	85.18	69.24 – 103.96	——[4]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	38.05	32.83	15.22 – 80.89	32.83
	HSAS	5.07	24.75	0.35 – 88.09	24.75
	OOS/OTHER[3]	10.15	3.17	0.00 – 10.15	3.17
	SUN	68.09	72.44	24.61 – 426.41	24.61
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	39.91	38.06	17.96 – 130.02	38.06

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Health Human Resources					
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	1,081.66	*not applicable*	*not applicable*	*not applicable*
	HSAS	89.30			
	OOS/OTHER[2]	124.54			
	SUN	313.16			
	RWDSU[3]	*not applicable*			
	All Affiliations	1,608.66			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		10.57	8.07	4.48 – 10.57	8.07
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		588.63	447.10	190.64 – 618.66	447.10
Percentage of employees self-identifying as Aboriginal *2003/2004*[4]		14.5	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	78.1%	79.3%	73.7% – 80.2%	73.7
	HSAS	84.3%	82.2%	76.4% – 84.4%	82.2
	OOS/OTHER[2]	82.2%	84.0%	80.9% – 87.1%	80.9
	SUN	75.9%	76.0%	63.7% – 78.7%	63.7
	RWDSU[3]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	77.3%	79.2%	73.2% – 80.4%	73.2
Financial					
Working capital ratio (current ratio) *2005/2006*		0.59	*not applicable*	0.36 – 2.02	1.0
Number of days able to operate with working capital *2005/2006*		(28.14)	*not applicable*	(62.41) – 18.50	14 days
Surplus/deficit *2005/2006*		($1,507,000)	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		(1.2%)	*not applicable*	(1.2%) – 1.3%	0.0% – 0.5%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans *2005/2006*		90%	*not applicable*	*not applicable*	100%
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre *2004/2005*	Child / Youth	72.2%	*not applicable*	*not applicable*	*to be determined*
	Adult	50.0%			
Acute Care Services					
Number of surgical cases[5] *2005/2006*		4,849	*not applicable*	*not applicable*	[5]
Percentage of surgical cases performed as day surgery[5] *2005/2006*		66.6%	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	67.4%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	73.6%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	97.2%	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities *as at the end of Q2 2005/2006*		0.80	0.77	0.75 – 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *as at the end of Q2 2005/2006*		28.5%	22.2%	15.2% – 30.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[6] *July 1, 2004 to June 30, 2005*	Diphtheria	67.0	72.9%	50.0% – 86.5%	*to be determined*
	Measles	67.8	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[7] *2005/2006*[3]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Population Health Services					
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	39.63%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	35.29%	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	46.59%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	40.00%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	40.78%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	25.8%	24.6%	20.8% - 40.7%	*to be determined*
	Females	23.0%	23.1%	11.6% - 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		59%	68%	57% - 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		40.5%	54.5%	35.7% - 80.5%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		25.8%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		1	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Primary Health Services					
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay *2004/2005*	Average Length of Stay	12.0	14.4	11.1 - 18.0	*to be determined*
	Average Expected Length of Stay	12.1	12.4	9.0 - 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients *2004/2005*		23.4%	21.6%	17.9% - 30.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		4.6%	*not applicable*	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[8] *2002-2004*		5.8%	5.9%	4.0% - 10.5%	*to be determined*
Low birth weight rate per 100 live births[8] *2002-2004*		4.7%	5.4%	3.7% - 6.0%	*to be determined*
High birth weight rate per 100 live births[8] *2002-2004*		18.9%	15.7%	12.9% - 31.1%	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[9] *2001*	Circulatory Diseases	963.3	951.5	819.9-1145.3	*to be determined*
	All Malignant Neoplasms	1558.0	1483.1	1126.0 - 1706.8	
	All Respiratory Diseases	291.7	222.9	63.5 - 376.5	
	Unintentional Injuries	1625.3	1028.0	636.4 - 2781.8	
	Suicide and Self-Inflicted Injuries	561.2	412.1	315.1 - 628.5	

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Disability-free life expectancy (at birth) *1996*[10]	Males	65.8	66.6	61.8 - 69.2	*to be determined*
	Females	68.7	70.0	63.2 - 72.5	
Disability-free life expectancy (at age 65 years) *1996*[10]	Males	11.0	11.2	8.7 - 12.1	*to be determined*
	Females	12.7	12.7	8.4 - 13.2	
Life expectancy (at birth) *2001*[10]	Males	75.6	76.2	72.1 - 78.2	*to be determined*
	Females	81.4	81.8	76.1 - 82.8	
Life expectancy (at age 65 years) *2001*[10]	Males	17.7	16.9	15.6 - 18.0	*to be determined*
	Females	21.8	20.9	17.2 - 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*[11]		57.7%	59.5%	47.6% - 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese *2003*[11]	Overweight (BMI 25.0-29.0)	31.7%	35.8%	31.7% - 41.8%	*to be determined*
	Obese (BMI 30.0+)	22.4%	20.5%	16.4% - 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive *2003*[11]	Active / moderately active	50.5%	49.8%	41.7% - 56.1%	*to be determined*
	Inactive	46.5%	47.8%	41.0% - 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	29,451	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	19,968			
Age-adjusted diabetes prevalence rate per 1,000 population[12] *2003/2004*		59.0	*not applicable*	17.4 - 68.7	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	12.9	11.1	8.4 - 28.7	*to be determined*
	Females	8.6	7.1	5.3 - 15.5	
Percentage of women in the past 5 years who exclusively breastfed their most recent child for at least 6 months *2003*		18.36	21.41	10.48 - 50.36	*to be determined*

NOTES

1. Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

2. The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

3. The RWDSU category is applicable to Regina Qu'Appelle only.

4. The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

5. The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

6. The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations. The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

7. Data on Tobacco Control Act compliance is currently not available due to system implementation issues.

8. The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

9. Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

10. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

11. The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

12. Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

June 15, 2006

PRINCE ALBERT PARKLAND HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Prince Albert Parkland Regional Health Authority

We have audited the statement of financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2006 and the statements of operations changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Chartered Accountants
Prince Albert, Saskatchewan
May 17, 2006

PRINCE ALBERT PARKLAND
HEALTH REGION

FINANCIAL STATEMENTS

For year ended March 31, 2006

Healthy Living in Healthy Communities

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2006

(In Thousands of Dollars)	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005 (Note 13)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 1,819	$ 73	$ 115	$ 2,007	$ 5,099
Accounts receivable					
Saskatchewan Health - General Revenue Fund	4,233	955	-	5,188	26
Other	2,592	25	5	2,622	1,378
Current portion of long-term receivable (Note 3)	-	136	-	136	172
Inventory	833	-	-	833	784
Prepaid expenses	267	-	-	267	723
	9,744	1,189	120	11,053	8,182
Long term receivables (Note 3)	-	-	628	628	700
Investments (Market $588, 2005 - $375)	-	-	588	588	375
Capital assets (Note 4)	-	43,113	-	43,113	43,718
Total Assets	$ 9,744	$ 44,302	$ 1,336	$ 55,382	$ 52,975
LIABILITIES & FUND BALANCI					
Current liabilities					
Accounts payable	$ 5,023	$ 99	$ -	$ 5,122	$ 3,445
Accrued salaries	6,011	-	-	6,011	2,664
Vacation payable	6,226	-	-	6,226	5,625
Bank loans payable (Note 6)	-	28	-	28	331
Current portion of mortgages payable (Note 7)	-	641	-	641	607
Current portion of capital lease obligation (Note 8)	-	154	-	154	155
Deferred revenue (Note 9)	691	-	-	691	886
	17,951	922	-	18,873	13,713
Long Term Liabilities					
Capital lease payable (Note 8)	-	-	-	-	146
Mortgages payable (Note 7)	-	9,040	-	9,040	9,704
Total Liabilities	17,951	9,962	-	27,913	23,563
Fund Balances:					
Invested in capital assets	-	33,151	-	33,151	32,405
Externally restricted (Schedule 3)	-	-	1,336	1,336	1,280
Internally restricted (Schedule 4)	-	1,206	-	1,206	1,241
Unrestricted	(8,207)	(17)	-	(8,224)	(5,514)
Fund balances – (Statement 2)	(8,207)	34,340	1,336	27,469	29,412
Total Liabilities & Fund Balances	$ 9,744	$ 44,302	$ 1,336	$ 55,382	$ 52,975

APPROVED BY THE BOARD:

DIRECTOR

DIRECTOR

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2006

(in thousands of dollars)	Operating Fund			Restricted			
	Budget 2006 (Note 15)	2006	2005 (Note 13)	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005 (Note 13)
REVENUES							
Saskatchewan Health - General Revenue	$ 106,718	$ 113,305	$ 101,932	$ 2,671	$ -	$ 2,671	$ 4,071
Other Provincial Revenue	1,323	1,360	1,407	-	-	-	-
Federal Government Revenue	90	81	110	394	-	394	447
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	-	-	-	-	-	-	-
Patient Fees	5,683	6,163	5,342	-	-	-	-
Out of Province Revenue (Reciprocal)	380	496	427	-	-	-	-
Out of Country Revenue	20	12	16	-	-	-	-
Donations	-	48	23	315	-	315	384
Investment Revenue	60	49	70	77	80	157	67
Ancillary Revenue	951	1,001	1,078	-	-	-	-
Recoveries	1,081	2,021	1,809	-	-	-	-
Other Revenue	460	730	622	-	-	-	15
	116,766	125,266	112,836	3,457	80	3,537	4,984
EXPENSES							
Province Wide Acute Care Services	1,262	1,611	1,204	-	-	-	-
Acute Care Services	42,971	49,322	42,132	2,164	-	2,164	2,719
Physician Compensation - Acute	8,826	8,222	8,260	-	-	-	-
Supportive Care Services	29,999	32,212	30,817	1,539	-	1,539	1,089
Home Based Service - Supportive Care	6,179	6,259	5,452	13	-	13	15
Population Health Services	3,990	4,046	3,405	9	-	9	16
Community Care Services	6,870	7,685	6,669	1	-	1	-
Home Based Services - Acute & Palliative	2,045	1,923	1,737	3	-	3	-
Primary Health Care Services	892	1,079	813	38	-	38	-
Emergency Response Services - RHA	2,311	2,462	2,208	-	-	-	-
Mental Health Services - Inpatient	3,549	3,683	3,422	-	-	-	-
Addictions Services - Residential	-	1	-	-	-	-	-
Physician Compensation - Community Services	1,355	1,155	1,198	-	-	-	-
Program Support Services	4,944	5,795	4,742	52	-	52	-
Special Funded Programs	773	702	784	-	-	-	-
Ancillary	705	616	625	154	-	154	176
Total Expenses (Schedule 1)	116,671	126,773	113,468	3,973	-	3,973	4,015
Excess (Deficiency) of revenues over expenses	$ 95	(1,507)	(632)	(516)	80	(436)	968
Fund Balances, beginning of year		(6,780)	(6,097)	34,912	1,280	36,192	35,172
Interfund transfers (Note 16)		80	(52)	(56)	(24)	(80)	52
Fund balances, end of year		$ (8,207)	$ (6,780)	$ 34,340	$ 1,336	$ 35,676	$ 36,192

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2006

(in thousands of dollars)	Operating Fund		Restricted Fund			
	2006	2005 (Note 13)	Capital Fund	Community Trust Fund	Total 2006	Total 2005
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$ (1,507)	$ (632)	$ (516)	$ 80	$ (436)	$ 969
Net change in non-cash working capital (Note 10)	634	1,749	(1,033)	(62)	(1,095)	372
Amortization of capital assets	-	-	3,374	-	3,374	3,848
Investment income on long-term investments	-	-	-	-	-	-
Gain (loss) on disposal of capital assets	-	-	-	-	-	(15)
	(873)	1,117	1,825	18	1,843	5,174
Purchase of capital assets						
Land and leasehold improvements			(25)	-	(25)	(2)
Buildings-construction	-	-	(904)	-	(904)	(538)
Equipment	-	-	(1,840)	-	(1,840)	(2,637)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	16
Purchase of long-term investment	-	-	-	(213)	(213)	(375)
	-	-	(2,769)	(213)	(2,982)	(3,536)
Repayment of debt	-	-	(1,080)	-	(1,080)	(1,039)
Net increase (decrease) in cash & short term investments during the year	(873)	1,117	(2,024)	(195)	(2,219)	599
Cash & short term investments, beginning of year	2,612	1,547	2,153	334	2,487	1,836
Interfund transfers (Note 16)	80	(52)	(56)	(24)	(80)	52
Cash & short term investments, end of year	$ 1,819	$ 2,612	$ 73	$ 115	$ 188	$ 2,487
Amounts in cash balances						
Cash & short term investments	$ 1,819	$ 2,612	$ 73	$ 115	$ 188	$ 2,487

(See accompanying notes to the financial statements)

SCHEDULE 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXPENDITURES BY OBJECT

For the Year Ended March 31, 2006

(in thousands of dollars)	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board Costs	$ 166	$ 165	$ 134
Compensation - Benefits	12,434	13,161	12,182
Compensation - Salaries	65,633	72,081	63,696
Diagnostic Imaging Supplies	112	100	107
Drugs & Gases	1,856	1,933	1,758
Food	1,501	1,882	1,539
Grants to Ambulance Services	2,234	2,437	2,150
Grants to third parties	6,368	6,376	6,260
Housekeeping and Laundry supplies	725	1,063	735
Information Technology Contracts	119	124	191
Insurance	268	259	267
Interest Expense	10	15	12
Laboratory Supplies	820	946	796
Medical and Surgical Supplies	2,371	2,367	2,395
Medical remuneration and benefits	10,013	10,286	9,375
Office supplies and other office costs	429	544	421
Other	1,687	1,720	1,659
Other Referred-out Services	1,966	2,586	1,916
Professional fees	409	556	464
Prosthetics	594	664	568
Purchased services	1,359	1,380	1,332
Rent/lease costs	1,036	1,187	1,015
Repairs and maintenance	722	775	713
Service Contracts	411	582	392
Travel	968	1,031	949
Utilities	2,460	2,553	2,442
	$ 116,671	**$ 126,773**	**$ 113,468**
Restricted:			
Amortization		$ 3,332	$ 3,848
Loss/(Gain) on disposal of fixed assets		-	-
Other		641	167
		$ 3,973	**$ 4,015**

SCHEDULE 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the Year Ended March 31, 2006

(in thousands of dollars)	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 171			
Spiritwood Credit Union	17			
	$ 188			
Total Cash & Short Term Investments	$ 188			
Long Term				
Shellbrook Credit Union	115	3/25/2007	2.35%	
Shellbrook Credit Union	136	6/1/2006	3.25%	
Shellbrook Credit Union	55	2/20/2007	3.65%	
Shellbrook Credit Union	50	3/14/2007	4.00%	
Shellbrook Credit Union	50	3/14/2009	4.30%	
Shellbrook Credit Union	83	3/14/2008	4.20%	
Shellbrook Scotia Bank	27	8/24/2006	1.55%	
Shellbrook Scotia Bank	35	2/19/2007	5.00%	
Shellbrook Credit Union	16			
Shellbrook Credit Union - Equity	8			
Shellbrook Credit Union	13	9/18/2006	2.00%	
Total Long Term Investments	$ 588			
Total Restricted Investments	**$ 776**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 7			
C I B C. - Prince Albert, Sk	1,030			
CIBC - Wood Gundy Cash	-			
Other Holding Accounts	-			
Government of Canada	111	12/1/2006	3.36%	
Government of Canada	134	12/1/2006	4.01%	
Manitoba Telecom Services	153	7/2/2007	4.90%	6.50%
Province of British Columbia	96	3/5/2009	3.00%	
Province of British Columbia	153	1/9/2010	5.02%	
Province of British Columbia	109	9/8/2011	4.45%	
Province of Ontario	26	3/8/2009	3.00%	
Total Cash and Short Term Investments	$ 1,819			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	$ 1,819			
Total Investments	$ 2,595			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 2,007			
Total Long Term	$ 588			
Total Investments	$ 2,595			

Restricted Investments consist of : community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3), and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of The Department of Community Resources) (SHC) are held in the Capital Fund (Schedule 4)

SCHEDULE 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED EXTERNALLY RESTRICTED FUNDS

For the Year Ended March 31, 2006

COMMUNITY TRUST FUND EQUITY

(in thousands of dollars)	Balance, Beginning of Year	Investment and Other Income	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc.	$ 464	$ 64	$ -	$ -	$ -	$ 528
The Birch Hills and Area Health Care Foundation Inc.	98	2	-	-	-	100
Shellbrook Union Hospital Board	581	12	-	-	-	593
Woodland District 27 Home Care	24	-	-	-	(24)	-
Prince Albert Parkland Regional Health Authority	113	2	-	-	-	115
Total	$ 1,280	$ 80	$ -	$ -	$ (24)	$ 1,336

SCHEDULE 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INTERNALLY RESTRICTED FUND BALANCES

For the Year Ended March 31, 2006

(in thousands of dollars)

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer (to unrestricted fund)	Transfer (to investment in capital asset fund)	Balance, End of Year
Capital						
SHC Replacement Reserves						
Birchview Home	$ 28	$ 2	$ -	$ (5)	$ -	$ 25
Hafford Special Care Centre	8	-	-	(5)	-	3
Herb Bassett Home	244	15	-	(18)	-	241
Idylwild Lodge	11	1	-	(12)	-	-
Jubilee Lodge	95	5	-	(28)	-	72
Jubilee Units	82	5	-	-	-	87
Lakewood Lodge	26	2	-	-	-	28
Parkland Terrace	58	3	-	-	-	61
Pineview Terrace Lodge	43	3	-	(12)	-	34
Pineview Terrace Units	207	12	-	-	-	219
Wheatland Lodge	16	1	-	-	-	17
Whispering Pine Place	64	4	-	-	-	68
Total SHC	882	53	-	(80)	-	855
Other Internally Restricted Funds						
Begin Estate	$ 3	$ -	$ -	$ -	$ -	$ 3
Ferris Estate	54	-	3	-	(30)	27
Herb Bassett Home Chapel	7	-	1	-	-	8
Parkland Terrace	58	-	4	-	-	62
Poole Estate	16	-	1	-	-	17
Printing Equipment	86	-	5	-	-	91
Renal	37	-	2	-	-	39
Smith Estate	89	-	5	-	-	94
Watsang Estate	9	-	1	-	-	10
Total Other	359	-	22	-	(30)	351
Total Internally Restricted Fund	$ 1,241	$ 53	$ 22	$ (80)	$ (30)	$ 1,206

SCHEDULE 5

PRINCE ALBERT PARKLAND HEALTH REGION
CONSOLIDATED SCHEDULE OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
For the year ended March 31, 2006

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Ewanchuk, R.	$ 22	$ 8	$ 11	$ 41	$ 19	$ 13	$ 32
Board Member							
Attrux, I.	6	2	4	12	6	7	13
Boechler, J.	6	3	3	12	5	3	8
Ferguson, L.	5			5	1		1
Gange, H.	5	2	4	11	5	4	9
Green, B.	5		1	6	1		1
Haysom, A.	6		1	7	1		1
Leson, P.	6	1	1	8	6	2	8
Morin, P.	5	1	1	7	6	2	8
O'Neil, C.	6	2	3	11	5	4	9
Saam, L.	5	1	2	8	5	3	8
Hill, L	1			1	2	1	3
MacDonald, D					1		1
Total	$ 78	$ 20	$ 31	$ 129	$ 63	$ 39	$ 102

(1) Benefits includes employer CPP and all travel time

SCHEDULE 5

PRINCE ALBERT PARKLAND HEALTH REGION
CONSOLIDATED SCHEDULE OF
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
For the year ended March 31, 2006

(in thousands of dollars)

Name	Staff	2006 Number of FTE's	2006 Salaries[1]	2006 Benefits and Allowances[2]	2006 Sub-total	2006 Severance Number of FTE's	2006 Severance Amount	2006 Total	2005 (Restated) Number of FTE's	2005 (Restated) Salaries, Benefits and Allowances	2005 (Restated) Severance	2005 (Restated) Total
Gren Smith Windsor (Apr-Sept) Dr. Louis Poulin (Sept-Feb) Cecilia Hunt (Mar)	Chief Executive Officer *Prince Albert Parkland*	1.00	$ 134	$ 14	$ 148	1	$ 211	$ 359	1.00	$ 143	$ -	$ 143
	Senior Positions											
Lynnda Berg	*VP Primary & Community Care*	1.00	113	13	126	-	-	126	1.00	117	-	117
John Piggott	*VP Acute & Emergency Services*	1.00	117	13	130	-	-	130	1.00	120	-	120
Joan Gasior	*VP Supportive Care*	1.00	113	13	126	-	-	126	1.00	117	-	117
Morgan Kennedy	*Chief Financial Officer*	1.00	106	14	120	-	-	120	1.00	108	-	108
Donna Longpre	*Chief Human ResourcesOfficer*	1.00	106	12	118	-	-	118	1.00	112	-	112
Doug Dahl	*Communications Officer*	1.00	53	7	60	-	-	60	1.00	55	12	67
Kathy Holmgren	*Executive Assistant*	1.00	53	7	60	-	-	60	1.00	57	-	57
Steve Labine	*Executive Director Research & Partnerships*	1.00	103	12	115	-	-	115	1.00	99	-	99
Dr. Louis Poulin	*Senior Physician Executive*	0.80	132	7	139	-	-	139	0.60	103	-	103
Dr. Leo Lanoie	*Medical Health Officer*	0.80	174	-	174			174	0.80	157	-	157
					-			-				-
	Total	10.60	$ 1,204	$ 112	$ 1,316	1.00	$ 211	$ 1,527	10.40	$ 1,188	$ 12	$ 1,200

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.

(2) Benefits and allowances include car allowance, employee education expense, personal allowance, relocation allowance, and RRSPs.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Prince Albert Parkland Regional Health Authority was created by the Act. The Prince Albert Parkland Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Prince Albert Parkland Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The Regional Health Authority has agreements with and grants funding to the following CBOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Council on Alcohol & Drug Abuse
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
S.H.A.R.E
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance

Note 12b(i) provides disclosure of payments to CBOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act): Mont. St Joseph Home Inc.

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 12b(ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the Regional Health Authority, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 12b(iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Regional Health Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Regional Health Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Regional Health Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Long-term receivable

Capital:
The Victoria Hospital Foundation has raised funds for the purchase of 105 beds and diagnostic imaging equipment for the Victoria Hospital Site. The assets have been purchased and the funding will be received over the next year as follows:

2007 - $ 136,146

Community Trust:
The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are included in Schedule 3.

4. Capital Assets

(in thousands of dollars)

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value (note 13)
Land	$ 650	$ -	$ 650	$ 650
Land & Leasehold Improvements	869	683	186	168
Buildings	74,296	37,215	37,081	38,103
Equipment	26,365	21,216	5,149	4,797
Construction in Progress	47	-	47	-
	$ 102,227	$ 59,114	$ 43,113	$ 43,718

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $ 249,000 (2005 - $ 252,111).

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next three years are as follows:

2007	$46,516
2008	46,516
2009	32,050

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

6. Bank Loan

	2006	2005
Demand Loan, Canadian Imperial Bank of Commerce, at prime minus 0.25% repaid monthly at $25,935 principal and interest.	$ 28,185	$ 331,202

7. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2006	Balance Outstanding 2005
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	$ 920,604	$ 972,941
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	625,481	648,492
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030	267,084	270,414
Herb Bassett Home CMHC, due March 1, 2009	4.70%	$355,944 principal & interest of which $77,066 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – March 1, 2008	995,001	1,296,918

Idylwild Lodge CMHC due June 1, 2020	5.90%	$131,887 principal & interest of which $49,718 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2006.	**1,274,546**	1,330,344
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$61,752 principal & interest of which $27,860 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	**600,932**	625,789
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**82,994**	89,934
Lakewood Lodge CMHC, due September 1, 2021	5.90%	$117,573 principal & interest of which $44,302 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2006.	**1,197,961**	1,244,216
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $38,985 forgivable at $1,695 per year over the life of the mortgage if regular payments are made.	**487,138**	496,892
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	**484,787**	505,964
Wheatland Lodge CMHC, due April 1, 2026	5.90%	$109,699 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2006.	**1,295,354**	1,328,477
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$125,212 principal & interest of which $34,557 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	**1,448,903**	1,500,643
			9,680,785	10,311,024
Less: Current portion			**640,689**	606,866
			$ 9,040,096	$9,704,158

For each of the mortgages, the Regional Health Authority has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2007	$ 640,689	2010	$ 390,719
2008	$ 676,448	2011	$ 415,592
2009	$ 714,293	2012 and subsequent	$ 6,843,043

8. Capital Lease

a) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2006			2005
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	$ 772,177	$ 569,725	$ 202,452	$ 384,662

The equipment is amortized on a straight-line basis over its economic life beginning in the year of acquisition.

b) Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2007	$ 154,305
Total minimum lease payments	163,280
Less: amount representing interest	(8,975)
Total Lease obligation	154,305
Less: Current portion	(154,305)
Long term portion	$ -

9. Deferred Revenue

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2006

(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Funding	$23	$12	$11	$22
Cont. Education/Development	99	12	-	87
Cognitive Disabilities	-	-	30	30
Enhanced Needle Exchange	-	-	25	25
Family Support/Rehab	17	-	-	17
Health Help Line Promotion	4	4	-	-
Health Promotion Plan	22	-	-	22
HIV Case Management	-	-	20	20
Infant Influenza	-	-	8	8
Infant Mortality	22	21	-	1
Medical Services Plan	9	9	-	-
MDS - Home Care	71	71	-	-
Needle Stick Injury	-	-	76	76
Primary Care	174	153	-	21
Project Hope	-	85	192	107
Psychiatry Grant	51	51	-	-
Quality Health Workplace	71	50	-	21
SIMS / PHIS	10	9	15	16
Telehealth	10	10	-	-
Tobacco Grant	14	-	-	14
Tobacco Resource Sharing Days	12	11	-	1
Vaccination - Underserviced Area	-	-	8	8
Youth Criminal Justice Act	18	7	-	11
Total Sask Health	**$627**	**$505**	**$385**	**$507**
Non Sask Health Initiatives				
Cognitive Disabilities	$32	$50	$19	$1
Acquired Brain Injury	187	592	574	169
Aboriginal Employees Network	-	-	9	9
Kid's First	18	83	65	-
Needle Disposal Grant	3	1	-	2
Preventative Support Grant	-	-	3	3
School Therapies Program	19	30	11	-
Total Non Sask Health	**$259**	**$756**	**$681**	**$184**
Total Deferred Revenue	**$886**	**$1,261**	**$1,066**	**$691**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

10. Net Change in Non-cash Working Capital

(in thousands of dollars)

	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (5,474)	$ 2,374	$ (761)	$ (62)	$ (823)	$ 161
(Increase) Decrease in inventory	(49)	(109)	-	-	-	-
(Increase) Decrease in prepaid expenses	456	(219)	-	-	-	-
Increase (Decrease) in accounts payable	1,948	246	(272)	-	(272)	211
Increase (Decrease) in accrued salaries	3,346	(639)	-	-	-	-
Increase (Decrease) in vacation payable	602	298	-	-	-	-
Increase (Decrease) in deferred revenue	(195)	(202)	-	-	-	-
	$ 634	$ 1,749	$ (1,033)	$ (62)	$ (1,095)	$ 372

11. Patient and Resident Trust Accounts

The Regional Health Authority administers funds held in trust for patients and residents using the Regional Health Authority's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $144,205 (2005 - $124,233). These amounts are not reflected in the financial statements.

	2006	2005
Patient / resident	$ 119,193	$ 100,690
Leoville Union Hospital –Pre-amalgamation	25,012	23,543
	$ 144,205	$ 124,233

12. Related Parties

These financial statements include transactions with related parties. The Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

2006	2005	2006	2005

Revenues			**Expenditures**		
North Sask Laundry	$ 252,803	$ 267,851	Canadian Mental Health	$ 152,197	$ 131,041
S.G.I.	838,351	853,769	Dept of Health	-	45,735
WCB	340,853	429,019	Minister of Finance	286,998	304,509
	$ 1,432,007	$ 1,550,639	North Sask Laundry	1,993,125	1,705,936
			P.A.C.A.D.A	339,348	316,153
Accounts Receivable			Public Employees Benefit	235,136	239,851
Dept of Community Resources	$ 1,646	$ 1,646	Royal University Hospital	670	1,369
Mont. St. Joseph	29,919	-	S.A.H.O.	3,880,418	3,670,623
North Sask Laundry	62,230	107,709	S.G.I.	3,762	956
SAHO	-	3,341	S.H.A.R.E.	422,525	415,665
Sask Cancer Agency	8,483	7,769	Sask Energy	563,431	617,732
Sask Health	3,829,348	124,840	Sask Mobility	86,817	86,284
Saskatoon Health Region	11,137	-	Sask Power	1,005,019	958,622
S.G.I.	76,890	41,014	Sask Property Management	139,675	672,454
WCB	122,294	100,641	Sask Transport Company	3,175	3,219
Misc. Customers (under $1000)	3,039	-	Saskatoon Health Region	8,073	17,814
	$ 4,144,986	$ 386,960	Sask-Tel	346,762	343,258
			SHEPP	7,707,517	3,380,720
Pre-Paid Expenses			University of Saskatchewan	2,011	2,937
North Sask Laundry	$ 114,070	$ -	WCB	940,503	1,216,555
	$ 114,070	$ -		$ 18,117,162	$ 14,131,433

Accounts Payable		
Minister of Finance	$ 14,473	$ 40,191
North Sask Laundry	183,275	
WCB	442,194	-
	$ 639,942	$ 40,191

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The Regional Health Authority has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the Regional Health Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Regional Health Authority provided the following amounts to CBOs and Third Parties:

	2006	2005
Canadian Mental Health Association	$ 152,197	$ 131,041
Cooperative Health	127,380	98,660
Family Futures	36,625	39,759
Prince Albert Council on Alcohol & Drug Abuse	339,348	316,153
Prince Albert Mobile Crisis Unit	64,810	64,810
Prince Albert Early Childhood Intervention	40,038	39,253
S.H.A.R.E.	422,525	415,665
Blaine Lake Ambulance	227,542	204,839
Parkland Ambulance	1,599,328	1,423,875
Spiritwood Ambulance	622,713	556,694
	$3,632,506	$3,290,749

ii) Affiliates

The Act makes the Regional Health Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Regional Health Authority. The Regional Health Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2006	2005
Mont St. Joseph Home Inc.	$ 5,464,905	$ 5,111,417

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2006 and 2005.

Mont. St. Joseph Home Inc.:

	2006	2005
Balance Sheet		
Assets	$ 383,354	$ 149,469
Net Capital Assets	11,288,130	11,681,079
Total Assets	$ 11,671,484	$ 11,830,548
Total Liabilities	$ 1,146,957	$ 924,629
Total Net Assets (Fund Balances)	10,524,527	10,905,919
	$ 11,671,484	$ 11,830,548
Results of Operations		
RHA Grant	$ 5,464,905	$ 5,111,417
Other Revenue	1,713,744	1,638,275
Total Revenue	7,178,649	6,749,692
Salaries & Benefits	5,806,364	5,622,733
Other Expenses*	1,753,677	1,674,956
Total Expenses	7,560,041	7,297,689
Excess Revenue over Expenses	$ (381,392)	$ (547,997)
*Other Expenses includes amortization of $457,391 (2005 - $450,947)		
Cash Flows		
Cash from operations	$ 333,227	$ 81,944
Cash used in Financing Activities	(1,736)	(1,608)
Cash used in Investing Activities*	(64,442)	(70,737)
Increase in cash	$ 267,049	$ 9,599

*Cash used in investing activities includes capital purchases of $64,442 (2005-$70,737)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation. The Prince Albert Parkland Regional Health Authority has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $494,189 (2005-$508,642) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $368,913 (2005 - $56,807) to the Regional Health Authority.

The Foundation has not been consolidated in the Regional Health Authority's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended September 30, 2005 and 2004 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2006	2005
Total Assets	$ 863,876	$ 667,218
Total Liabilities	149,495	40,098
Total Net Assets (Fund Balances)	714,381	627,120
	$ 863,876	$ 667,218
Results of Operations		
Total Revenue	608,615	452,190
Salaries & Benefits	113,569	112,116
Other Expenses*	407,785	81,636
Total Expenses*	521,354	193,752
Excess Revenue over Expenses	$ 87,261	$ 258,438
*Total Expenses include contributions of $368,913 (2005 - $56,807) to the Regional Health Authority and amortization of $7,010 (2005 - $5,654)		
Cash Flows		
Cash From Operations	$ 276,674	$ 53,925
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	(3,188)	(8,409)
	$ 273,486	$ 45,516
*Investing Activities includes capital purchases of $3,188 (2005 - $8,409)		

13. Comparative Information

Certain 2004-05 balances have been reclassified to conform to the current year's presentation.

14. Pension Plan

Employees of the Regional Health Authority participate in one of the following pension plans:

a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

b) Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

c) Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Regional Health Authority's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $3,987,349 (2005 - $3,856,706) and is included in benefits in Schedule 1.

Effective contribution rates are 6.55% (2005 - 6.55%) of pensionable earnings up to the yearly maximum (CPP) plus 8.23% (2005 - 8.23%) of pensionable earnings above the yearly maximum (CPP).

15. Budget

The Regional Health Authority Board approved the 2005-2006 budget plan on August 5th, 2005.

16. Interfund Transfers

Each year the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	23,648	(23,648)	-	-	-
SHC reserves	79,854	(79,854)	-	(51,582)	51,582	-
Mortgage Payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total	$ 79,854	$ (56,206)	$ (23,648)	$ (51,582)	$ 51,582	$ -

17. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year, is $8,757,916 (2005 - $10,608,444) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-Credit

Short-term borrowings are secured by promissory notes supported by Borrowing Resolutions and by an Assignment and Hypothecation of Revenues, and bearing interest at an interest rate of prime minus 0.25%, which is due on demand. Total interest paid on the short-term borrowings in 2006 was $8,125 (2005 - $16,962).

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2005 - $1,000,000) with an interest rate charged at prime minus 0.25%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2006 was $ 2,428 (2005 - $76).

18. Volunteer Services

The operations of the Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

19. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cashflows to operate effectively. The Laundry is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. During the year the Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $ 78,163.

20. Contingent Liability

Joint Job Evaluation Reconsideration

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown, therefore, the cost of these reconsiderations cannot be reasonably determined.

21. Cash and Short term Investments

Included in the Cash and short-term investments are inter-fund loans between the Operating and Capital funds. The balance of the inter-fund loan as at March 31, 2006 was $2,708,632. The Operating and Capital cash balances would be ($890,201) and $2,781,704 respectively if the inter-fund loan was disclosed separately.